

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16) 565724  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3		1					
4							
5							
6							
7	1						
8		1					
9							
10							
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13							
14	1						
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49							
50							
TOTAL IND.	5						
TOTAL DEP.	19						
TOTAL CLAIMS	24						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							